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TOTAL	AMOUNT	OF	PAYMENT

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Application Number	Unassigned	
Filing Date	Herewith	
First Named Inventor	Zhongze Wang	
Examiner Name	Unassigned	
Group / Art Unit	Unassigned	
Attorney Docket No.	MI22-1797	

METHOD OF PAYMENT (check one)	FEE CALCULATION (continued)	
The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to: Output Description:	3. ADDITIONAL FEES Large Entity Small Entity Fee	Fee Paid
Deposit Account Number 23-0925	Code (\$) Code (\$) 105 130 205 65 Surcharge - late filing fee or oath	
Deposit	127 50 227 25 Surcharge - late provisional filing fee or lover sheet.	0.00
Name Wells St. John P.S.	139 130 139 130 Non-English specification	0.00
Charge Any Addition if Fee Required Under 37 CFR §\$ 1 *6 and 1 17	147 2.520 141 2.520 For filling a request for reexamination	0.00
	112 920* 112 920* Requesting publication of SIR prior to Examiner action	0.00
2.	113 1,840* 113 1,840* Requesting publication of SIR after Examiner action	0.00
FEE CALCULATION	115 110 215 55 Extension for reply within first month	0.00
	116 380 216 190 Extension for reply within second month	0.00
1. BASIC FILING FEE	117 870 217 435 Extension for reply within third month	() ()()
Large Entity Small Entity Fee Fee Fee Fee Description	118 1,36.) (18 630 Extension for reply within fourth month	0.00
Code (\$) Code (\$) Fee Paid	128 1,850 128 925 Extension for reply within fifth month	0.00
101 690 .01 345 Utility fring fee 740.00	119 300 July 150 Motice of Appeal	0.00
106 310 106 155 Design filtrig fee	fj:) 30c (5 ft. feing a brefin support of an appeal	0.00
107 480 _07 240 Plant fring fee 108 690 _08 345 Reissue filing fee	101 260 01 130 Request for oral hearing	0.00
114 150 .14 75 Provisional filling fee	1(ਅ. 1,51) - 3ਜ਼ 1 510 - Petition to institute a public use proceeding	0.00
	140 - 110 - 240: 55 Petition to revive - unavoidable	0.00
SUBTOTAL (1) (S) 74().()()	141 1,210 241 605 Fetition to revive - unintentional	0.00
2. EXTRA CLAIM FEES	140 (1.21) (42 606 Utility ssue fee (or reissue)	0.00
Fee from Extra Claims below Fee Paid	14.3 430: pay 215 Design issue fee	0.00
Total Claims 61 -20** = 41 (18 = 738 _	144 - 580: 144 - 290 - Plant issue fee	0.00
Independent 8 - 3" = 5 + 84 = 420	122 130 122 130 Petitions to the Commissioner	0.00
Multiple Dependent =0	123 50 123 50 Petitions related to provisional applications	0.00
**or number previously paid, if greater, For Reissues, see below	126 240 126 240 Submission of Information Disclosure Stmt	0.00
Large Entity Small Entity Fee Fee Fee Fee Fee Description Code (S) Code (S)	581 40 58* 40 Recording each patent assignment per property (times number of properties)	40.00
103 18 (:03 9 Clams n excess of 2:)	146 690 146 545 Filing a submission after final rejection (37 CFR § 1.129(a))	0.00
102 78 202 39 Independent claims in excess of 3 104 260 204 130 Multiple decendent claim, if not paid	149 69(- 749 345 For each additional invention to be examined (37 CFR § 1 129(b))	0.00
109 78 209 39 ** Reissue independent claims over crigmal patent	Other fee (spe of)	0.00
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SUBTOTAL (2) (\$) 1.158.()()	Reduced by Basic Filing Fee Paid SUBTOTAL (3) (S) 4	0.00

SUBMITTED BY Complete (if applicable)					
Name (Print Type	Mark S. Matkin	Registration No (Attorney Agent: 32,268	3 Telephone	509-624-4276	
Signature			Date	1/14.2	
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Specification Fee Transmittal Form (e.g., PTC-SB/17)			on contents.		ADDRES	S TO:	Box Patent	Application	PTd
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Copy from a prior application (37 C.F.R. § 1.63(d)) Copy from a prior application (37 C.F.R. § 1.63(d)) Copy from a prior application (37 C.F.R. § 1.63(d)) Copy from a prior application (37 C.F.R. § 1.63(d)) Copy from a prior application (37 C.F.R. § 1.63(d)) ELECTION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. § § 1.63(d)(2) and 1.33(b). NOTE FOR ITEMS 1 & 13 IN ORDER TO BE ENTITUED TO PAY SMALL ENTITY FEES. A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 127), EXCEPT FEES. A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 127), EXCEPT FEES. A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 127), EXCEPT FEED IN A PRIOR APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment: Continuation Divisional Continuation-in-part (CIP) of prior application No Prior application information: Examiner Group. Art Unit: Cor CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporate efference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts. 17. CORRESPONDENCE ADDRESS Mark S Matk in Wells St. John P.S. 601 W. First Ave. Suite 1300	. Oath or [Declaration [Tetal Fag.	es 2]		•			
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Mark S. Matk in Wells St. John P.S. 601 W. First Ave. Suite 1300		17. COI	RRESPON	IDEN	CE ADDRESS	<u>.</u>			
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City Spokane State WA Zip Code 99201-3828 Country Telephone 509-624-4276 Fax 509-838-3424		Броканс							

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Mark S. Matkin